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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional)		
Claims as Filed - Part 1								
Claims in Patent	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity			
			Rate	Fee		Rate	Fee	
(A) Total Claims (37 CFR 1.16(j))	(B)	**** =	x \$ _____ =		or	x \$ _____ =		
(C) Independent claims (37 CFR 1.16(i))	(D)	* =	x \$ _____ =			x \$ _____ =		
Basic Fee (37 CFR 1.16(h)) \$ _____							\$ _____	
Total Filing Fee \$ _____						OR	\$ _____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
				Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS **	* =	x \$ _____ =			x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS *****	=	x \$ _____ =			x \$ _____ =	
Total Additional Fee \$ _____						OR	\$ _____	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center; padding-top: 20px;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
Date _____				Signature of Applicant, Attorney or Agent of Record _____				
				Typed or printed name _____				